

Case Number:	CM13-0042606		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2010
Decision Date:	08/06/2014	UR Denial Date:	10/05/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 35-year-old man injured on February 15, 2010. The records available for review state that the claimant underwent a conservative course of care and now is status post a right shoulder surgery, performed on August 22, 2013. The operative report details a right shoulder arthroscopy, subacromial decompression and distal clavicle excision. There is documentation of treatment with 12 sessions of post-operative physical therapy. On October 1, 2013, physical examination of the shoulder showed tenderness to palpation with diminished motion at ends. This request is for six additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

POST-OPERATIVE PHYSICAL THERAPY: 2-3 SESSIONS TIMES 6: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Post Surgical Rehabilitative Guidelines, the request for six additional sessions of therapy would be indicated. The Post Surgical Guidelines provide for up to 24 sessions of therapy over a 14-week period. At the time of this request, the claimant underwent 12 sessions of physical therapy. The additional six sessions would bring the

total sessions to 18 and requested within the 14-week treatment period- well within the guidelines criteria. Therefore, the request is medically necessary.